

Offering Choices For Independence



**Annual Report of the
Utah State Division of
Aging and Adult
Services
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2001 ANNUAL REPORT

Utah State Division of Aging and Adult Services

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INTRODUCTION

Older Americans Act

The Older Americans Act (OAA) was passed by Congress in 1965, creating the first federal legislation devoted exclusively to addressing the needs and challenges of older Americans. Since its passage, the Older Americans Act, as amended through 2000, has provided funding and leadership which has resulted in the establishment of a unique nationwide network of federal, state, and local governments serving the diverse needs of America's seniors. The Act can be viewed as a work in progress that has been amended on several occasions to address the changing needs of the older Americans.

The first Older Americans Act established the Administration on Aging in the Federal Department of Health and Human Services, provided grants for demonstration projects and research on aging, training grants, financial support for state offices or units on aging, and funds for states to use in supporting projects for the aging.

Amendments passed in 1969 established the National Older Americans Volunteer Program which provided for Retired Senior Volunteers and Foster Grandparents. In 1972, the Act was amended as a result of a series of nutritional research and demonstration projects, creating a permanent nationwide nutrition program for the elderly. Amendments to the Act in 1973 required the states to create planning and service areas and to designate a public or private non-profit agency to serve as the Area Agency on Aging (AAA) in each of these locations. Currently there are 655 such agencies in the United States which plan and coordinate services and opportunities for older persons on a regional basis, 12 of which are found in Utah.

Other amendments passed in the 1970's established the Senior Community Service Employment Program, awarded grants for low-income persons age 60 and over to work as senior companions, supplied surplus commodities to the nutrition program with assistance from the U. S. Department of Agriculture, and added a separate age discrimination act. Amendments passed near the end of the decade established the Long-Term Care Ombudsman program providing professional and volunteer ombudsmen who assist older persons living in long-term care facilities. During the 1980's, enacted amendments required the Area Agencies on Aging to address the needs of older persons with limited ability to speak English, established a federal office for Native American, Alaskan Native, and Native Hawaiian Programs and increased an emphasis on services to the low-income minority elderly.

The most recent reauthorization of the OAA occurred in 2000 and further enhanced and enriched the Act. The Act includes a new program, National Family Caregiver Support Program, designed to assist caregivers of frail elder adults, and to a limited extent, grandparents raising grandchildren under the age of 18. The bill clarified the ability of Area Agencies on Aging to provide case management and information and referral services. The states must now assure that special needs of older individuals residing in rural areas will be taken into consideration and must describe how funds will be allocated to meet those needs. The Pension Counseling Program, formerly a demonstration project, was made a permanent program. Also, the bill requires the Administration on Aging to develop, in collaboration with the aging network, a set

of performance outcome measures for planning, managing and evaluating activities. The measures must be in place by December 31, 2001.

Utah's Aging and Adult Services Program

The Division of Aging and Adult Services was created as Utah's State Unit on Aging in accordance with the Older Americans Act. By Utah statute (62A-3-104) the Division was granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors. Local Area Agencies on Aging have been designated to cover all geographic regions of the state and are charged with the responsibility of providing a comprehensive array of services and advocacy for the needs of seniors residing in their areas.

In 1986, the Division was given the administrative authority for Adult Protective Services, a program to protect seniors from abuse, neglect, or exploitation. Adult Protective Services workers provide services designed to assist victims and prevent further abuse, neglect, and exploitation. Staff located in a statewide system of offices, and working in cooperation with local law enforcement, investigate cases involving seniors and disabled adults.

The Division has adopted the following Vision Statement, Mission Statement and Guiding Principles to communicate its purpose.

VISION STATEMENT OFFERING CHOICES FOR INDEPENDENCE

The mission of the Division of Aging and Adult Services is to:

- Provide leadership and advocacy in addressing issues that impact older Utahns, and serve elder and disabled adults needing protection from abuse, neglect or exploitation.
- Fulfill our vision of **offering choices for independence** by facilitating the availability of a community-based system of services in both urban and rural areas of the State that support independent living and protect quality of life.
- Encourage citizen involvement in the planning and delivery of services.

GUIDING PRINCIPLES

The Division of Aging and Adult Services believes that:

- Utah's aging and adult population has many resources and capabilities which need to be recognized and utilized. The Division has an advocacy responsibility for insuring opportunities for individuals to realize their full potential in the range of employment, volunteer, civic, educational, and recreational activities.
- Individuals are responsible for providing for themselves. When problems arise, the family is the first line of support. When circumstances necessitate assistance beyond the family, other avenues may include friends, neighbors, volunteers, churches, private and public agencies. The Division and its contractors are responsible to assist individuals when these supportive mechanisms are unable to adequately assist or protect the individual.
- Expenditure of public funds for preventive services heightens the quality of life and serves to delay or prevent the need for institutional care.
- Aging and Adult Services programs should promote the maximum feasible independence for individual decision making in performing everyday activities.
- An individual who requires assistance should be able to obtain service in the least restrictive environment, most cost-effective manner, and most respectful way.

Issues And Challenges

Providing needed services to the senior population of Utah will become more challenging in the future due to increasing growth of this population. The U.S. Census Bureau predicts that the senior population in the U.S. will increase to 70.2 million by the year 2030, and that Utah's senior population (65 and older) will grow to 482,542 by the year 2030, for an increase of 165% from the year 2000.

Growth: It is a well-known fact that Utah and the nation are aging. Utah has the seventh most rapidly increasing population age 65 and older in the nation. The predicted aging of the state is a situation that has been created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition, and medicine and, 2) the "baby boomer" cohort reaching retirement age. There is concern that the predicted growth of those needing services will overwhelm the existing programs and services that are currently being provided to Utah's older citizens. There is a need to invest in planning and designing better ways to serve larger populations in the public and private sector, while at the same time maintaining a solid foundation of current services for existing individuals over the age of 65.

Needs Assessment Survey: To get a better understanding of the potential service needs of our aging population and to provide the state with information necessary for planning, the division initiated "A Statewide Survey - Planning for the Needs of Utah's Middle-Age and Senior

Citizens.” The survey was designed to contact individuals in three separate age groups, i.e. 55 to 64 years old, 65 to 74 years old and those 75 and older. These three groups were divided into metropolitan and non-metropolitan residents and were randomly selected from two separate data bases. The 55 to 64 year old group was obtained from drivers license files from the state and the remaining two groups were obtained from the Medicare data base provided with confidentiality from the Health Care Finance Administration. Surveys were mailed to 6,000 individuals. Approximately 60% of these individuals returned the completed survey. However, it is interesting to note that the largest number of surveys completed were submitted by individuals 65 years and older. A complete analysis is being performed on all aspects of the survey. Also, a group of individuals from this survey have volunteered to be resurveyed in the coming years. A follow-up survey is being designed for this group. Some preliminary results include the following:

The majority of seniors are satisfied with services that they obtain in order to remain in their home and enjoy some independence.

Seniors report a need for mental health service and such should be available at the various senior centers.

When asked where individuals obtained information on aging services, the responses in order of highest response were: doctors/hospitals, telephone directory, family members or friends. Only 30% said they used government sources for information. This suggests a need to get more information to seniors regarding the services available through the area agencies on aging.

If individuals are in need of services in order to stay in their home their response to where they would obtain help was: family members not in their home, their church, friends and neighbors. Approximately 16% said they would obtain help from government sources. However, when asked if it was important for government to provide services, over 90% of the respondents said yes.

The clients who use the majority of services are 85 years old and older, 40% of whom have various mobility problems. This client group was well represented in the study. Their response to the most frequent services used were: home delivered meals and transportation services.

Outcome Measures Study: As part of a Federal Administration on Aging (AoA) project, the Division of Aging and Adult Services (DAAS) collected information on how satisfied clients were with three different services provided to them with funding from the Older Americans Act. The three services were; (1) home delivered meals provided by Bear River AAA and Mountainland AAA, (2) case management provided by Bear River AAA and Southeastern AAA and, (3) transportation services provided by San Juan County AAA.

Home-Delivered Meals: The home delivered meal survey was handed to the client with the meal. Approximately 50% of the surveys (358 clients) were returned to DAAS for analysis. Results were summarized from the eleven questions from the survey.

Overall, clients are satisfied with the home delivered meals program in Utah. The strongest responses were 90.2% said that they were happy with the number of meals received and 88.8% who said they like the time of day the meal arrives. In addition, clients responded

that the service has the meals they like, the meals are great and the meals are cooked the way they want them cooked. Only 1.9% said that their meals fail to be delivered.

Case Management Service: Case management services are designed to help locate, coordinate and monitor necessary and appropriate services for the individual. The case management survey was mailed to each client. Approximately 73% of the surveys were returned for analysis. Results were summarized from the thirteen questions from the survey.

All clients who responded were satisfied with the case management service. The strongest responses were 91.3% stated that the case manager was kind to them and they knew they could contact their case manager when they needed to. Approximately 83% said their case manager does a good job setting up care for them. When asked if the case manager has failed to get services for them, or the case manager was rude or it would be a waste of time to call the case manager if they had a problem, none of the clients said yes.

Transportation Service: The transportation survey was conducted in one of the most rural areas of the state. Some clients live several miles from the nearest town and senior centers. Surveys were mailed to each client. Also, Navajo clients were interviewed by a Navajo-speaking interpreter. Approximately 55% of the surveys were returned for analysis.

Overall, clients were satisfied with the transportation services provided to them. The strongest responses were 92.1% said the drivers picked them up when they were supposed to and they arrived at their destinations on time. Approximately 90% stated that they get the number of rides they need and that the drivers helped passengers into and out of their homes and the van. Clients (84%) responded that they get to the places they need/want to go and the drivers were polite.

When asked which activities clients were able to get to more often, approximately 66% said shopping, 58% said social/recreational events, 47% said the senior center/lunch and about 32% listed the doctor/health care.

Health Care: Health care is the most significant issue facing our senior citizens. The number of seniors who are 85 years old and older is growing rapidly and is expected to number 43,566 individuals by 2030. This is a 123% increase in 85+ population for the current year. A majority of these individuals have chronic illnesses and disabilities which affect their daily activities. As seniors become more frail, they require more intensive services. The national prediction is that the number of seniors needing assistance with basic tasks will double between 1990 and 2030. More options should be available to these individuals to enable them to remain in their homes and communities. Medicaid and Medicare programs assist these individuals, but the challenges associated with adequate funding continues. The aging network of professionals hopes to enhance quality of life and significantly address budgetary concerns by supporting seniors in their home and community and preventing premature institutionalization. This is accomplished through providing home health care, home-delivered meals and other supportive services.

Studies of the hospitalization trends, patterns, and experiences of older adults are an important element in ascertaining the impact of older adults on health care resources, the adequacy of their access to health care, as well as the cost and quality of the health care they receive. In a report "Hospitalizations Among Older Adult Utahns" the Utah Department of Health documents that

the number of annual hospital discharges involving older adults increased by more than one-quarter from nearly 38,000 in 1992 to more than 48,000 in 1998. Coronary atherosclerosis and other heart disease and pneumonia accounted for the most frequent health problems. Over three of five hospital discharges among older adults involved a procedure. Coronary artery bypass surgery was listed as the primary procedure that had the longest average length of stay, the highest mean hospital charges, and the highest rate of in-hospital mortality. With the high costs of health care, it is increasingly important to help seniors maintain their health and educate them about programs that promote a healthy lifestyle.

Wellness Activities: Quality lifestyles are important, and the Division, in cooperation with the State Department of Health, is working continually on “wellness” programs. These programs encourage adults in their 60’s and younger to adopt lifestyles that emphasize healthy diets and exercise as a means of preventing or postponing future health problems and disease. The Division is a member of the Utah State Council on Health and Physical Activity, a group representing aging, health, community agencies and advocates. The Council’s mission is to identify strategies for meeting the health, nutrition, and aerobic and strength training activities in ways that encourage independence and individual choice.

Another concern is the management of prescription drugs for the elderly population. While 65 and older represent less than 13% of the population, they consume 1/3 of all prescription drugs and 50% of all over-the-counter and herbal products. Our aging population has a greater number of chronic illnesses, and in greater severity as time progresses, which requires even more drug therapy. Physicians, pharmacists, and other health professionals need to talk to seniors about the medications they are taking and give them the appropriate information when new medications are prescribed. This includes; dosages, how and when to take the medication, duration of therapy, and how to know if it is working, and what problems to watch for and what to do if they occur. The Division in cooperation with the Area Agencies on Aging is working to organize a campaign to alert and educate seniors concerning the problems of mismanagement of medicines.

Preparation for the 2001/2002 Influenza season for the seniors, as well as the general population in Utah presented unique challenges due to the influenza season coinciding with 2002 Winter Olympics. Olympic activities will expand the possibility for importation of influenza viruses and expanding the possible exposure through crowd settings, and therefore attaining high levels of vaccination coverage with influenza and pneumococcal vaccines is a high priority. People at high risk of complications include those 65 years old, or older and residents of nursing homes and other chronic-care facilities that care for people of any age who have chronic medical conditions.

Transportation: Probably one of the most frequently mentioned needs of elderly seniors who are trying to remain independent is a reliable and accessible source of transportation. Circumstances change as people age, either by choice, environment or abilities. Some become unable to transport themselves to places for critically needed services. Social commitments and family obligations still remain an important aspect of a person’s overall physical and mental well-being. Public transportation is often restricted to the urban areas of the state and is mostly directed to the needs of younger employed populations. Special transportation services provided for those with functional limitations have overly restrictive qualifying criteria and requires excessive paperwork to access and schedule service. The transportation program offered through Area Agencies on Aging suffers from a lack of adequate vehicles, trained staff and drivers, funds for insurance, gasoline, repairs, frequency of trips, and accessibility. Transportation for medical

appointments, shopping and other normal functions of independent living are often restricted to those in greatest need. Lack of adequate transportation can lead to social isolation and may result in depression and the need for medical attention. The current transportation service delivery system is not meeting today's needs nor is it equipped to meet the increased needs of a rapidly growing elderly population.

Housing: One of the most frequently stated desires of people as they age is the ability to reside in their own homes. It is currently estimated that approximately 90% of seniors over the age of 65 reside in their own homes. Many of these seniors, however, have one or more multiple functional limitations of daily living that necessitate a physical modification in the home to support their continued residence. More assistive devices and home modifications are needed to provide a safe environment, when it is medically feasible and safe for the senior to stay at home. In addition, access to an array of supportive services including home-delivered meals, homemaker chores, and personal care are needed to allow them to remain at home.

For those seniors who are not physically able to remain in their own homes, alternative living arrangements including group homes, supportive boarding homes and assisted living facilities are preferred and are more economical than being cared for in a nursing facility. Unfortunately such alternative group living arrangements are either too costly for a significant number of seniors, not in accordance with prevailing zoning or state rules, or not available within the community. Keeping seniors at home and in the community requires affordable and adequate housing as well as creative types of housing for seniors who are not able to remain in traditional living facilities.

Employment: An emerging issue in our society is the need to provide employment for seniors who were previously considered ready for retirement. The economics of many older citizens make it necessary for them to continue working to support themselves. Many will not have pensions. Also, the majority of these individuals will be healthy enough to continue working and may choose to do so for other than financial reasons. Employment provides motivation to maintain social contacts and to stay involved in meaningful activities.

Information/Referral - Access to Information: The lack of current, comprehensive and easily accessed information about services can effectively deny a senior the opportunity to remain independent. While many entities purport to have information services available, there is no single source where a person may seek information about aging network services. Too often a senior citizen and/or a family member seeks assistance when a crisis occurs and immediate help is needed. Lack of a single entity that can either provide the information requested or knows where the information can be obtained often results in either no help being provided or a senior unnecessarily being placed in an overly restrictive setting. Current information systems need to be expanded and linked to other information centers, forming an information repository that can be easily accessed by the public.

The Division is working on implementing a comprehensive statewide directory of services. The Division also has a new website with information and links available for services throughout the state, including the comprehensive statewide directory when it is operational.

Long-Term Care Solutions: While every effort is made in assisting seniors to remain independent, the Division recognizes that some will require care in a long-term setting. The

Division has been a participant in the Utah Health Policy Commission's Long-Term Care Technical Advisory Group. Recommendations developed by the group include ideas for cost sharing, education and information, prevention efforts, and respect for the individual.

Long-Term Care Ombudsman Program: Many state programs, including Medicaid Home and Community-Based Waiver Program and the Alternatives Program, provide alternatives to nursing home placement. However, over 10,000 Utahns live in skilled nursing facilities, assisted living facilities or other long-term care settings. For many of these individuals who have dementia, Parkinson's disease, heart disease or a combination of conditions, these facilities are the only alternative. The Long-Term Care Ombudsman Program acts solely on behalf of the frail elderly residents who live in these facilities. They strive to solve problems and resolve complaints to increase the quality of life for the residents. They advocate for and protect the rights of this vulnerable population.

There has been a great increase in the number of assisted living facilities in the past few years with many others being built. On the Wasatch Front it is becoming more and more difficult for ombudsmen to make regular visits to all the facilities, conduct community education, and help with resident councils. The complaint investigations seem to demand most of the program's resources. In FY2001, approximately 4,071 complaints were registered with the ombudsman program statewide. This is a 478% increase since 1993, while the funding for ombudsman staffing has not increased. The challenge is to complete all investigations without allowing this process to consume the entire program. Developing working relationships with facilities and residents through training and regular visits has suffered with this increased complaint load. More systemic and prevention advocacy is essential to a good program. This includes the educating of the public, monitoring of regulators and working to improve oversight, supporting legislation as well as other interventions that enhance the overall quality of care in nursing homes and other long-term care facilities.

National Family Caregiver Support Program: The enactment of the Older Americans Act Amendments of 2000 established an important new program, the National Family Caregiver Support Program (NFCSP). The program was developed by the Administration on Aging after listening to the needs expressed by hundreds of family caregivers across the country. Approximately \$113 million has been allocated to states through a congressionally mandated formula that is based on a proportionate share of the 70+ population. The program will allow the 12 area agencies on aging with local community-service providers to have five basic services for family caregivers, including; (1) information to caregivers about available services, (2) assistance to caregivers in gaining access to supportive services, (3) individual counseling, organization of support groups, and training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles, (4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and (5) supplemental services, on a limited basis, to complement the care provided by caregivers.

ORGANIZATIONAL STRUCTURE

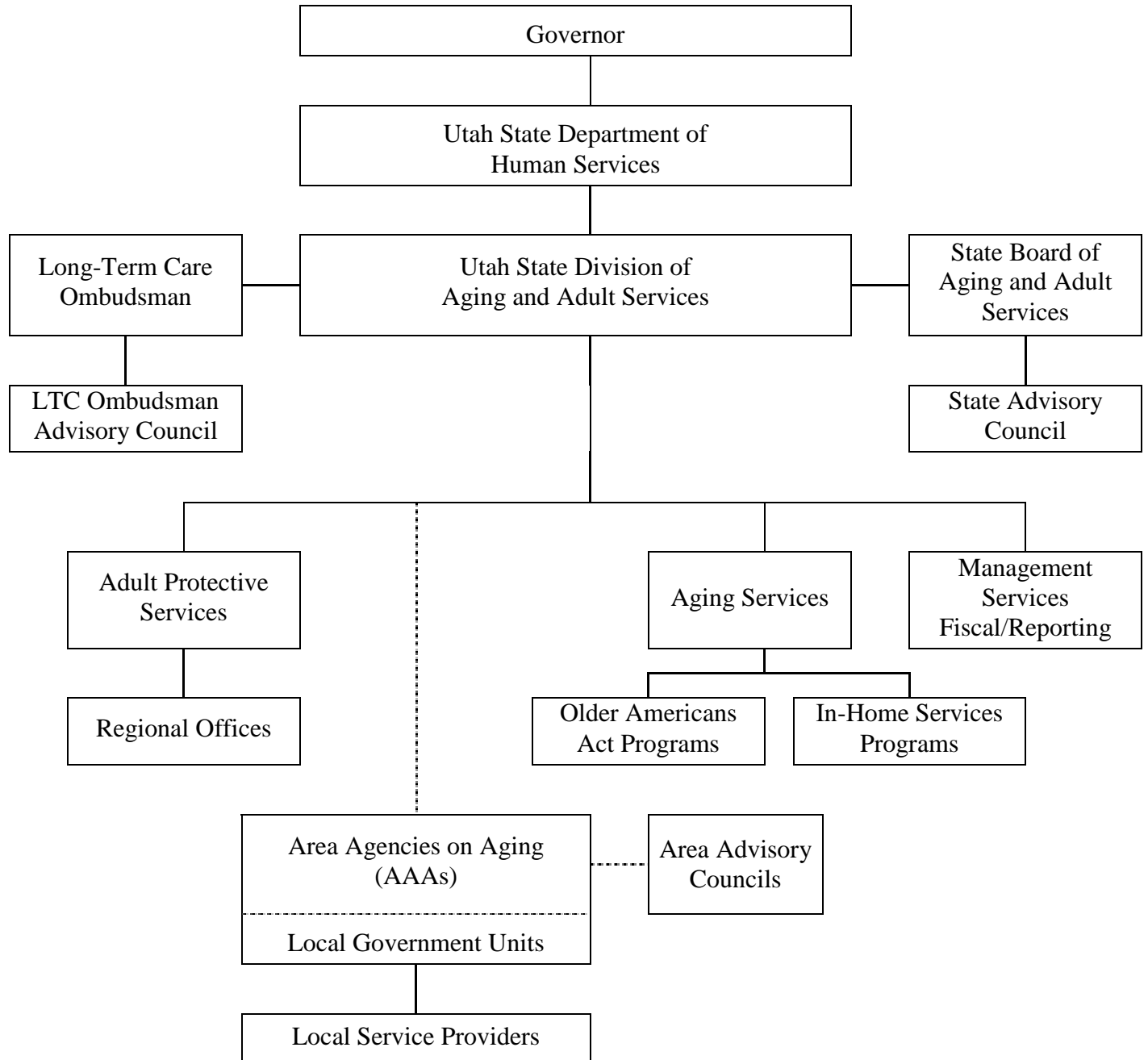
The Division has the responsibility to administer, deliver and monitor services to aging and disabled adult residents of Utah. To meet this responsibility, two program areas have been created: 1) Aging Services, and 2) Adult Protective Services.

The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the Older Americans Act, and other enabling legislation funded by federal, state, and local governments. Aging services in Utah are delivered by local Area Agencies on Aging through contracts from the State Division of Aging and Adult Services.

The Adult Protective Services Program is mandated by state law to investigate all cases of reported abuse, neglect or exploitation of disabled adults. The program also offers services designed to protect abused, neglected, or exploited disabled adults from further victimization and assist them in overcoming the physical or emotional effects of such abuse. The following chart depicts the organizational structure of the Division of Aging and Adult Services.

Utah State Division Of Aging And Adult Services

Organizational Chart



ADMINISTRATION

The Division receives policy direction from a seven-member Board of Aging and Adult Services appointed by the Governor and confirmed by the State Senate. The State Advisory Council on Aging Services, composed of seniors and advocates for seniors, identifies and studies issues related to aging services, and reports its findings and recommendations to the Board and the Division.

SERVICE DELIVERY

Aging Programs

The Division contracts with units of local government or Associations of Governments to operate Area Agencies on Aging (AAA). A funding formula is used to allocate funds to the AAAs, who are responsible for the planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of their elderly population. The services available within a service area may include, but are not limited to, congregate and home-delivered meals, information and referral, volunteer opportunities, transportation, and a variety of in-home services including homemaker, personal care, home health care, and Medicaid Home and Community-Based Aging Waiver. Several other services are available as set by local priorities. A list of AAAs is located on page 25.

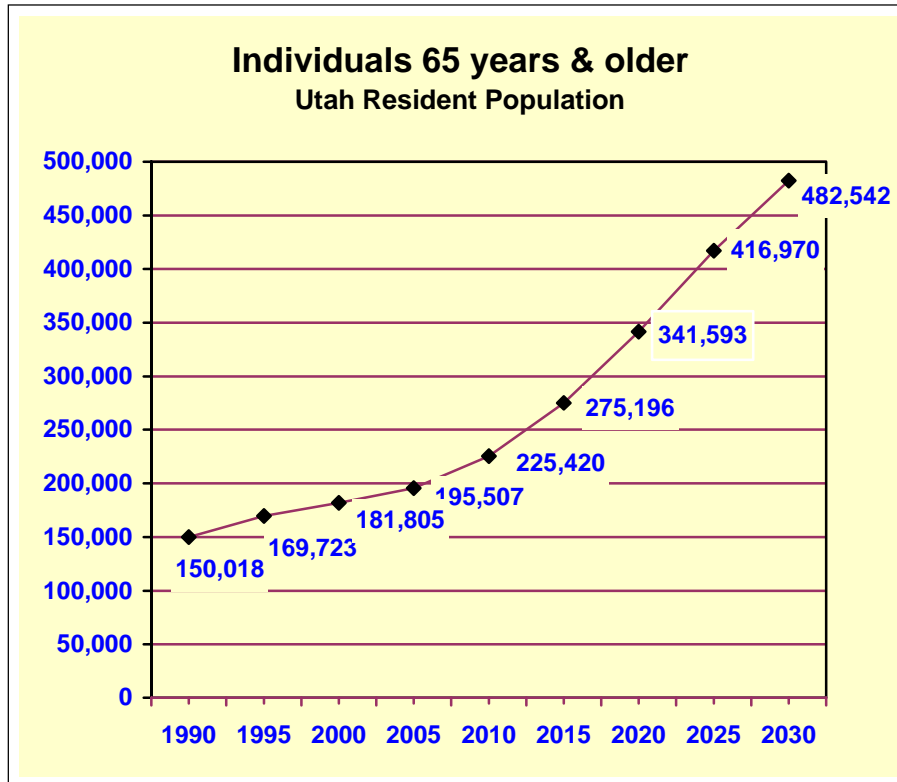
Adult Protective Services

The Division of Aging and Adult Services is responsible for the administration of Adult Protective Service Programs (APS). Within the administrative structure of the Division, there is an Associate Director of Adult Services who has statewide administrative responsibility for the program. Adult Protective Services are delivered by Division staff through APS Regional Offices. A complete list of the APS Regional Offices is located on page 27.

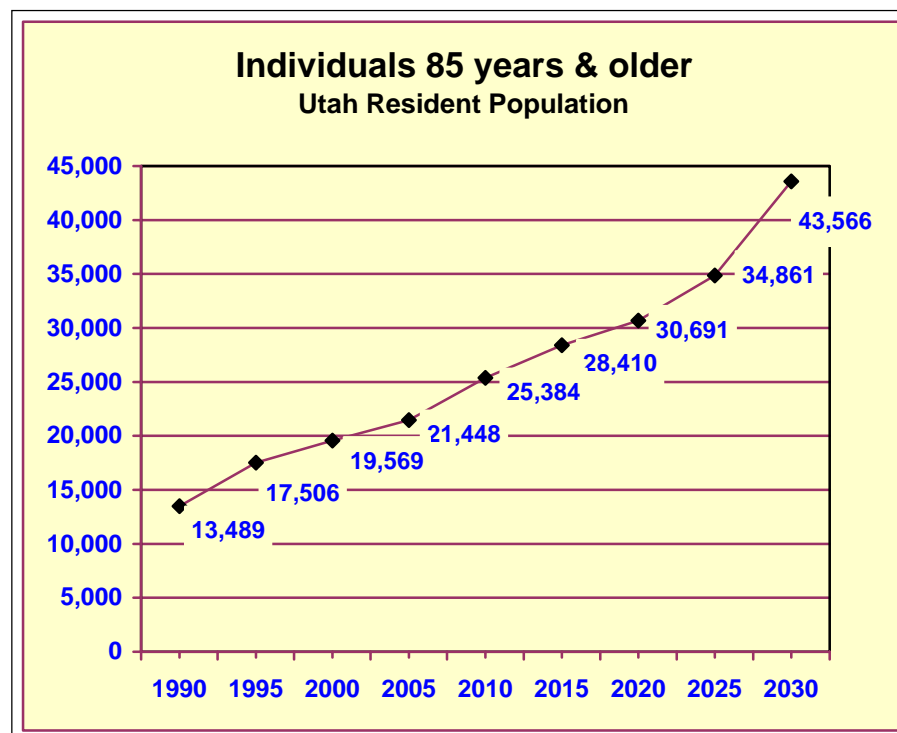
I. AGING SERVICES

A. Youngest State Grows Older

Utah continues as the nation's "youngest state." Its median age of 26 years is eight years younger than the U.S. median of 34. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show that Utah's 65+ population will increase by 165% between 2000 and 2030. The actual population numbers are 181,805 in 2000 to an estimated 482,542 in 2030. In addition, the 85+ population in Utah will increase by 123% between 2000 and 2030. The actual population numbers are 19,569 in 2000 and are estimated to be 43,566 in 2030.



The fastest-growing age group:



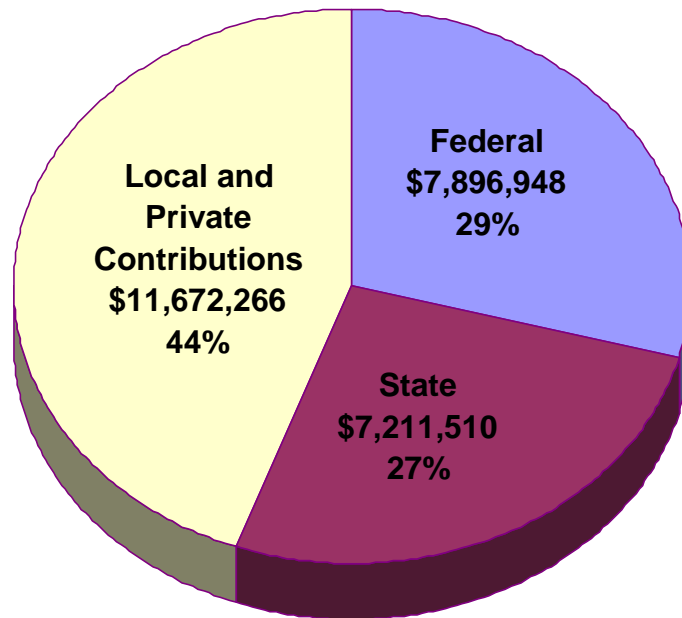
Source: Demographic & Economic Analysis, Governor's Office of Planning & Budget, 2000

The “baby boomer” cohort, those born between 1946 and 1964, will dramatically increase the 60+ population group by 2006. The projected annual increase of the 60+ group starting in 2006 will be three times the increase observed between 1993 and 2006.

B. Funding Aging Services Programs

There is a variety of funding sources for the programs administered by the Division’s Aging Services, including federal, state and local governments. The following figure shows the percentage and amount of the total aging services budget that each of the major entities contributes. The federal share is received through allocations authorized by the Older Americans Act. State funds are appropriated by the Utah Legislature, with local funding provided by the counties, private contributions, and from the collection of fees.

Aging Services - Fiscal Year 2001 Expenditures by Funding Source



Source: Utah Division of Aging and Adult Services, November 2001 (Total: \$26,781,724)

C. Review of Aging Program Fiscal Year 2001 Activities

The Division of Aging and Adult Services was created as Utah’s State Unit on Aging in compliance with the Older Americans Act. By State statute 62A-3-104, the Division is granted the legal authority to establish and monitor programs that serve the needs of Utah’s seniors and protect them from abuse, neglect, or exploitation. The programs and services offered to Utah’s elderly receive county, state, and federal funds.

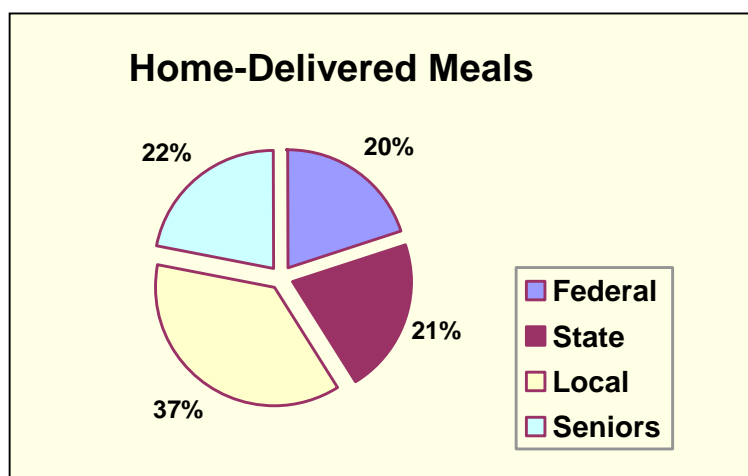
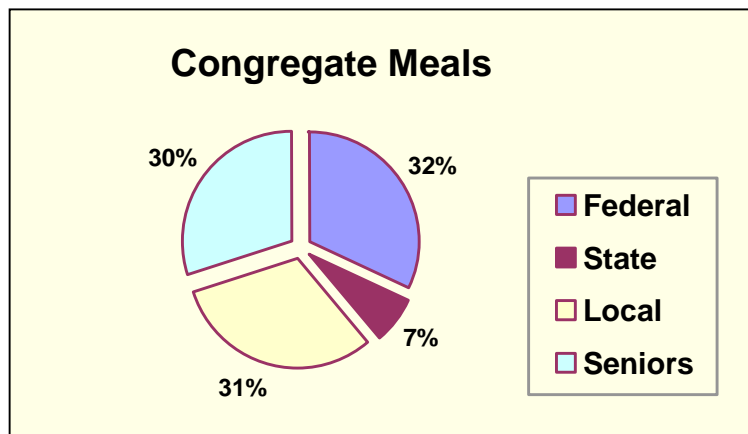
The following is a review of the services available through the Division and the AAAs to help the elderly and their families deal with the problems created by the aging process.

1. Nutrition

Good nutrition for all ages is central to good health and fitness, but it is crucial as seniors age and physical capacity declines. Research shows that when seniors do not eat nutritionally well-balanced diets they often display symptoms similar to those of serious disease or illness, which may result in costly and often unnecessary treatment. To contribute to good health and reduce the problems associated with misdiagnosis, a nutrition program has become a central part of the Division of Aging and Adult Services' delivery system. The Nutrition Program consists of nutrition screening and assessment, home-delivered meals, congregate meals, and nutrition education. In 2001, these programs served 31,386 seniors who received meals that were aimed at enabling them to remain at home and in their community.

The power of good nutrition can help seniors keep their independence. Poor nutrition and poor intake of water and other fluids (hydration) are the leading causes of morbidity and mortality in the elderly population. Good nutrition and hydration leads to fewer illnesses, fewer post surgery complications, shorter hospital stays and less money spent on medications.

The following charts show how the Aging Services' Congregate and Home-Delivered Meals programs were funded during Fiscal Year 2001.



i. Congregate Meals	b. Home-Delivered Meals
<p>The congregate meal program provides one meal a day that meets 33 1/3% of the recommended dietary requirements for elderly Utahns at approximately 100 meal sites across the state.</p>	<p>The home-delivered meals program provides one meal a day that meets 33 1/3% of the recommended dietary requirements for elderly Utahns who are age 60 or over, home-bound, and have limited capacity to provide nutritionally-balanced meals for themselves.</p>
<p>These meals are made available to individuals age 60 and over. A confidential contribution is encouraged. The suggested contribution amount is established by the local Area Agencies on Aging. These contributions equaled 30% of the total budget in FY 2001 and are used to enhance the congregate meals program.</p>	<p>Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit this to only four days a week with a waiver approval. Through the assessment process, an effort is made to assure that those with severity of need are served. Contributions in an amount set by the local Area Agencies on Aging Advisory Councils are encouraged and go directly to the home-delivered meals program. In FY 2001, contributions to the program accounted for 22% of the total budget. Due to funding limitations, there are still unserved and underserved areas of the state.</p>

CONGREGATE MEALS FISCAL YEAR 2001	
• Undupl. Persons served:	22,186
• Meals served:	921,961
• Total expenditures:	\$4,438,793
• Contributions by seniors:	\$1,320,711
• Average cost per meal:	\$4.81

HOME-DELIVERED MEALS FISCAL YEAR 2001	
• Undupl. Persons served:	9,200
• Meals served:	983,679
• Total expenditures:	\$5,572,565
• Contributions by seniors:	\$1,231,525
• Average cost per meal:	\$5.67

Typical Home-Delivered Meal Recipient: The following profile of home-delivered meal recipients gives some idea of who the participants are and what may be expected in future years. As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to adequately care for themselves. The home-delivered meals program helps meet the needs of these individuals. An increasing demand for this service is expected.

- Age: 70% are 75 years of age or older.
40% are 85 years of age or older.
- Female: 75%
- Lives alone: 95%; Requires assistance with ADL's*
- Receives at least five meals per week
- 1/3 of the recipients require special diets (low sodium, high protein, diabetic, etc.)
- Receives nutrition education

* ADL = Activities of Daily Living

2. The Alternatives Program

During FY 2001, the state-funded Alternatives Program assisted 1,268 Utah seniors in receiving services that enabled them to remain in their own homes. If these services were not available, these seniors who have health, mobility or functional limitations would require placement in a long-term care facility in the near future. The program makes a wide variety of in-home services available to adults, based on the case managers' assessment of their needs. The program provides services that are normally not available from other sources. Clients must meet income and eligibility guidelines to receive services. Any fees assessed are based on the individual's ability to pay.

Services include, but are not limited to, case management, homemaker, personal care, home health aide, skilled nursing, respite care, special equipment, and other services necessary for individuals to remain in their own homes. Funding limitations and lack of providers restrict the range of services available in Utah. The following chart profiles the utilization of services under this program in FY 2001.

The Alternatives Program			
• Homemaker	61%	• Individuals Served:	1,268
• Personal Care and Home Health Aide	43%	• Expenditures: State Funds:	\$3,589,821
• Other		Fees:	\$58,363
-Registered Nurse		Local Funds:	\$144,840
-Respite		• Average Annual Cost per Client:	\$3,028
-Home-Delivered Meals		Age of Clients: Under 60:	14%
-Adult Day Care		60 - 74:	22%
-Transportation		74 - 84:	36%
		85+:	28%

3. Caregiver Respite Program

Providing care to a frail, sick, or incapacitated adult or elderly spouse, parent or adult child is a very demanding activity which, when combined with other activities in the caregiver's life, can be exhausting. At times, the demands on the caregiver become so great that the caregiver's physical and emotional health and well-being are seriously affected. This program is designed to give the primary caregiver some rest or relief from caregiving burdens and responsibilities. This enables the caregiver to continue performing caregiving activities for a longer period of time.

This state funded program is accessible through all 12 Area Agencies on Aging to assist caregivers who are in need of relief. It differs from other in-home services programs in that these services can only be intermittent and short-term. The program enables the caregiver, in consultation with the care coordinator, to obtain services such as adult day care, home health aide, homemaker, short-term institutional placement, medical equipment, supplies, etc., and any other service the caregiver identifies will provide relief and enable them to continue their caregiving duties.

CAREGIVER RESPITE PROGRAM	
Fiscal Year 2001	
• Total individuals served	312
• Expenditures: State funds:	\$356,048
Fees:	\$44,298
Local funds:	\$35,628
Federal funds:	\$111,963
• Average annual cost per person	\$1,756
• Most frequently requested services:	
Home health aide	
Homemaker	
Adult day care	

4. Home and Community-Based Medicaid Aging Waiver Program

In FY 2001, Utah's Home and Community-Based Medicaid Aging Waiver (Waiver) program served 835 elderly Utahns, enabling them to continue residing in their own homes rather than being placed in long term care facilities.

Home and Community-Based Medicaid Aging Waiver services are available to seniors age 65 and over who meet nursing home admission criteria and Medicaid financial eligibility criteria. Services provided to eligible seniors that enable them to remain at home include homemaker, adult day care, home health aide, home-delivered meals, non-medical transportation, etc.

The following chart profiles the utilization of services under this program in FY 2001.

HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER

Services Provided:*

- Homemaker: 62%
- Home Health Aide: 45%
- Emergency Response: 59%
- Other (Home-Delivered Meals): 17%
- Adult Day Care: 8%
- Respite and Transportation: 29%

* Most clients receive several services, therefore the total exceeds 100%.

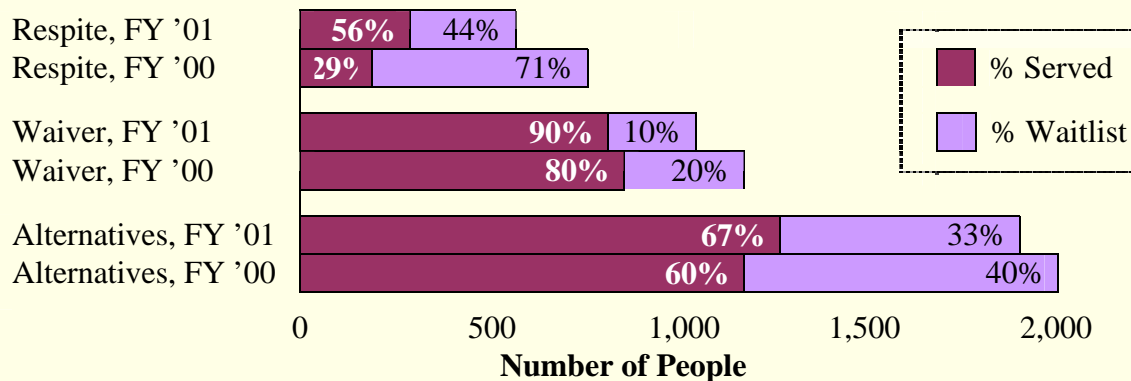
Cost Data on the Waiver

Other Waiver Facts:

- Total individuals served: 835
- Total expenditures: \$2,327,000*
- Annual cost per client: \$2,787

*Best estimate.

Percent of Eligible Persons Served by Alternatives, Waiver, and Respite Programs, FY00-FY01



	Respite	Waiver	Alternatives
Served	312	835	1,268
Wait-list	246	91	612
Total	558	926	1,880

Source: Division of Aging and Adult Services

The chart above demonstrates the percentage of eligible clients receiving services in three programs as of June 30, 2001. The waiting list contains a list of individuals who

have requested or their caregivers have requested assistance, and funding is the only factor why the individual on the list is not receiving services.

Approximately 90% of those eligible for the Waiver program and 67% of those eligible for the Alternatives program were served during FY 2001. A much lower percentage (56%) of those seeking respite care was served. Inadequate funding was the reason additional individuals could not receive respite services.

5. Older Americans Act Optional Services

Older Americans Act (OAA) funds are used to provide a wide variety of services that enable Utah's seniors to maintain their independence. Remaining at home in a community with which they are familiar is a high priority for Utah's seniors. When the aging process limits their ability to perform the tasks necessary to live independently, outside assistance is requested. With funds available from the Older Americans Act in the categories of access, legal, in-home and optional services, the Area Agencies on Aging provide services aimed at helping families and caregivers maintain seniors in their own homes and communities. The agencies also provide information and presentations on a wide range of topics of interest to seniors, such as health and medical issues, taxes, budgeting and personal finance, insurance, Medicare, estate planning, consumer fraud, etc.

The Area Agencies on Aging also assist seniors with chores that are difficult or impossible for some to do for themselves, such as lawn work, snow removal, and minor house repairs. Friendly visitors, telephone reassurance, and volunteer services do much to alleviate problems which homebound seniors face if they are alone and isolated. Transportation is critical for seniors whose frailty prevents them from driving or who have limited access to public transportation services. The following chart illustrates how these optional services have been used by Utah's seniors during the 2001 fiscal year.

SUMMARY OF OPTIONAL SERVICES PROVIDED UNDER TITLES III-B	
Service	Units
• Transportation	279,036
• Friendly Visitor	194,375
• Information and Assistance	127,071
• Education and Training	54,808
• Telephone Reassurance	53,964
• Assessment/Screening	19,547
• Material Aide	19,103
• Shopping	9,878
• Outreach	8,806
• Chore Maintenance	7,336
• Personal Care/Home Health Aide	5,093
• Total	779,017
• Expenditures	\$1,357,451

6. Health Insurance Information Program

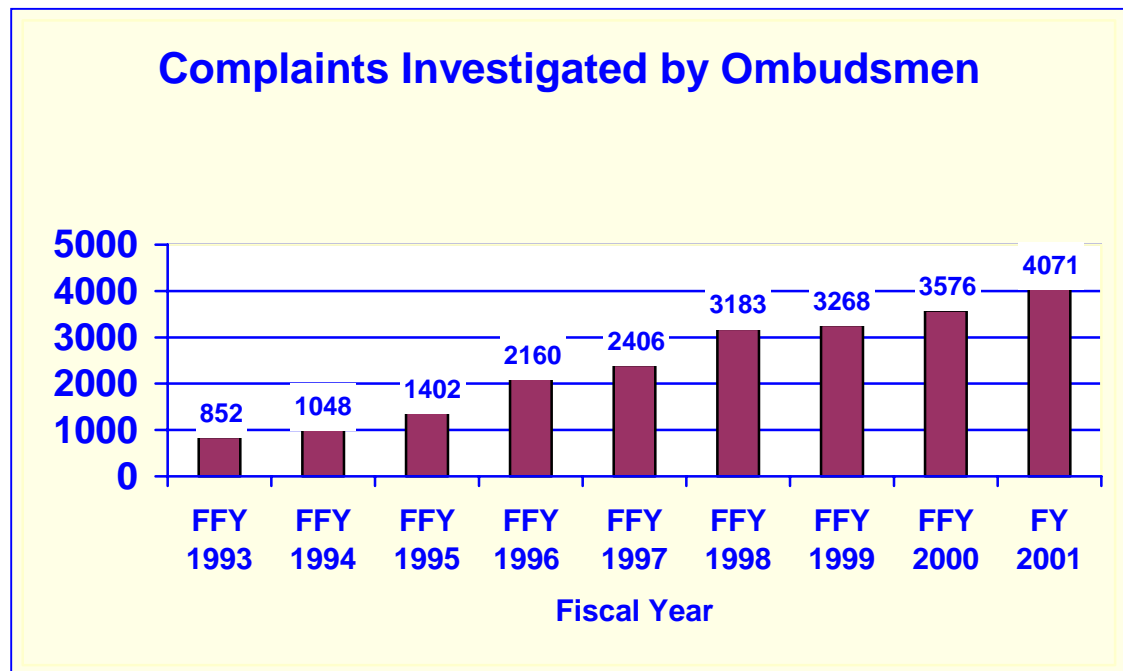
The Health Insurance Information Program (HIIP), funded through the Center for Medicare and Medicaid Services (CMS), operates in every county in Utah to assist seniors in understanding the complex billing nature of Medicare/Medicaid and supplemental insurance programs. The HIIP Program, by design, is operated at the local level with 93 volunteers statewide. The Division provides training and technical assistance to local staff and volunteers in cooperation with the Area Agencies on Aging.

The program coordinates with many allied agencies such as the State Insurance Commission, Social Security Administration, Division of Health Care Finance, Medicaid, Office of Family Support, etc., to provide information needed by Utah's seniors. During FY 2001, approximately 12,212 individuals obtained assistance from this program.

7. The State Long-Term Care Ombudsman Program

The Long-Term Care Ombudsmen are advocates for frail and vulnerable older individuals who live in nursing care facilities, assisted living facilities, small health care facilities and adult foster care homes. Ombudsmen investigate and resolve complaints concerning care, treatment and residents' rights.

While Utah provides an array of services that often allow frail individuals to remain in their homes, over 10,000 Utahns have care needs which are so significant that receiving care at home is not possible. Ombudsmen are committed to help these people whose choices are severely limited and who have limited control over their environment.



A full-time State Ombudsman housed at the Division of Aging and Adult Services serves as the coordinator of the program. Local Long-Term Care Ombudsmen in each of the Area Agencies on Aging are responsible for the investigation of complaints. There are just over six full-time-equivalent positions and 25 volunteers on the local level to respond to the increasing volume of complaints from the public (see graph). Many of these concerns are very complicated. This program works very hard to improve the long term care system, protect residents and resolve the concerns residents and families have. There has been a 478% increase in the number of complaints investigated since 1993.

For the last few years the most common complaint categories continue to be residents' rights, resident care and quality of life. The unavailability of staff or lack of properly trained staff seems to be a major factor in many of the concerns received by the Division.

8. Title V: Senior Community Service Employment Program (SCSEP)

Title V of the Older Americans Act provides funding for subsidized part-time employment and training opportunities for low-income persons age 55 and older. Most participants enter the program due to barriers which interfered with their ability to acquire the employment they were seeking. The most significant barriers that persons in the program face are age, gender, lack of job history, and below seventh-grade math and reading skills. Emphasis is placed on providing training and on the job experience as a transition into unsubsidized employment. The following charts summarize activities of the SCSEP Program and present a profile of clients being served.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM	
• Persons served	223
• Persons placed in unsubsidized employment	112
• Expenditures	\$584,322
• Annual cost per enrollee	\$2,620

THE AVERAGE TITLE V ENROLLEE	
• Age: 55 – 59	28 %
• Female	60 %
• High school graduate	41 %
• Annual income below poverty level of \$8,240	91 %
• Minimum Title V wage	\$5.15 per hr.

9. Legal Assistance Services

Older Utahns face a variety of legal issues every day, ranging from health care insurance problems to housing issues to end-of-life planning. The Division of Aging and Adult Services makes sure there are legal assistance programs in place to help seniors protect their legal rights and maintain their autonomy and dignity.

The Older Americans Act recognizes legal and advocacy assistance as the core of a comprehensive elder rights system. Under Title IIIB of the Older Americans Act, federal funding is provided to the Utah State Division of Aging and Adult Services and the local Area Agencies on Aging, who then contract with Utah Legal Services, Inc., a non-profit law firm, and some private attorneys. These legal services providers offer free legal help to older persons in civil matters, prioritizing those elders in greatest social and economic need. The

most common types of cases that are handled on behalf of older clients include: denials or terminations of government benefits (such as Medicaid, Medicare, Social Security, Veterans Benefits), tenants rights and housing issues, guardianship defense and other protective arrangements, long-term care problems, and some consumer fraud issues.

In addition, the Division's Legal Services Developer provides leadership in expanding the quality and quantity of legal and advocacy assistance to ensure that there are adequate, effective, and high quality legal assistance services available to older persons in Utah. The Legal Services Developer coordinates with and provides training and technical assistance to the state's aging network staff (including long-term care ombudsmen and adult protective services workers), the local Area Agencies on Aging, legal services providers, the Utah State Bar and local bar associations, and community organizations. The Developer also assists pro bono, or volunteer, lawyer programs that serve older clients. This assistance and coordination helps older persons understand their legal rights, exercise choice, benefit from services and opportunities authorized by law, maintain rights, in particular, rights of older persons with diminished capacity, plan ahead for possible illness and/or incapacity, and resolve disputes.

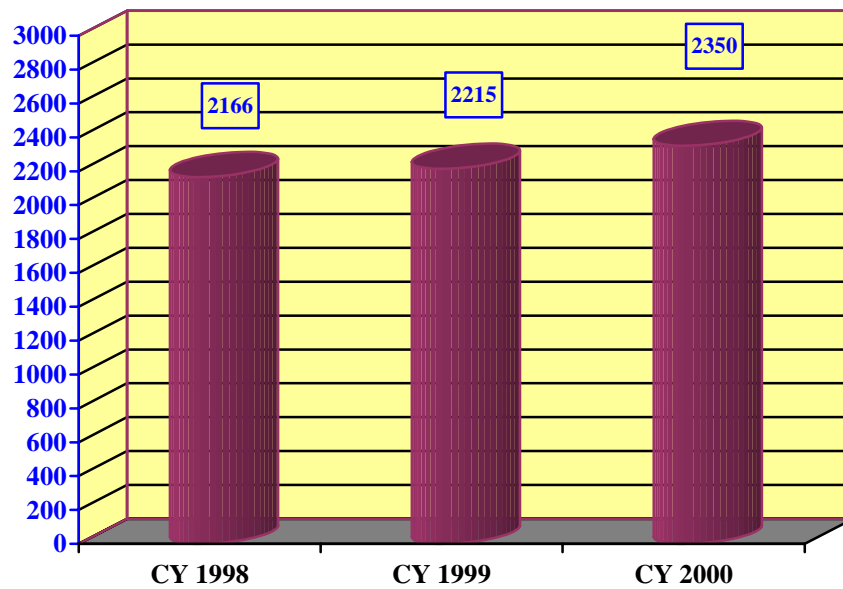
II. ADULT PROTECTIVE SERVICES

Federal and state statutes require that disabled adults and the elderly be protected from abuse, neglect and exploitation. Adult Protective Services, within the Division of Aging and Adult Services, is mandated to investigate allegations of abuse, neglect and exploitation of any disabled or elder adult. Adult Protective Services' investigators are located throughout the state and intervene to stop the abuse, neglect and exploitation and provide services or referrals to disabled or elder adults for services which will protect them from further harm. Any person who has reason to believe that a disabled or elder adult is being abused, neglected or exploited is mandated by law to report their concerns to Adult Protective Services or law enforcement.

Participation in services provided by the Division through Adult Protective Services is voluntary on the part of the disabled or elder adult, unless mandated by a court order. Services provided to the disabled or elder adult are paid for by the person whenever possible. Most are referred to community programs for assistance. If there are no community services available, short-term services such as adult foster care, adult day care or protective payee services may be provided by Adult Protective Services. Adult Protective Services coordinates and cooperates with other agencies and families, and encourages the elder or disabled adult, families and other agencies to assume as much responsibility as possible for the care and protection of these individuals.

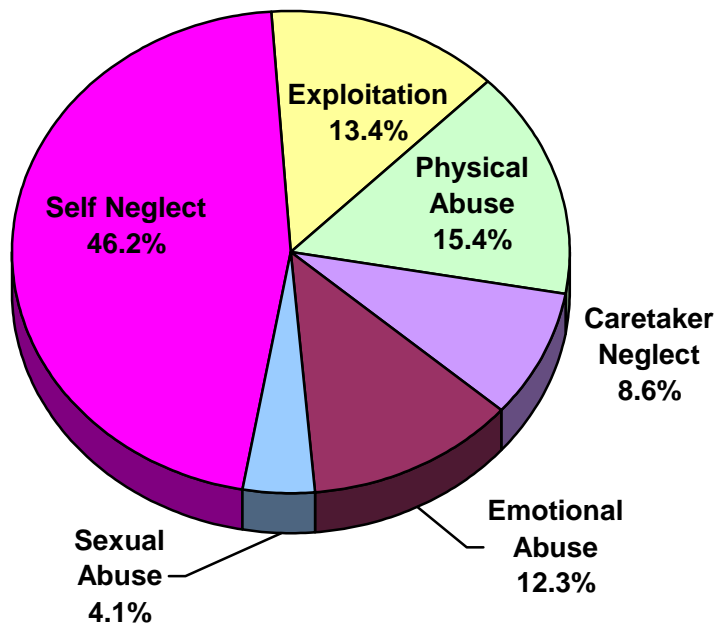
Abuse, neglect and exploitation of the disabled and elderly continues to be one of society's most alarming problems. The following chart reflects the number of investigations completed by Adult Protective Services since 1998.

Adult Protective Services Investigations By Calendar Year



The following chart shows the Division's Calendar Year 2000 Adult Protective Services investigations by type of substantiated allegation.

Adult Protective Services Investigation Results



A. Investigation

Utah has a mandatory reporting law that requires anyone who suspects that abuse, neglect or exploitation of a disabled or elder adult is occurring to report the situation to either law enforcement or the local Adult Protective Services Office. Upon receipt of a report of suspected abuse, neglect or exploitation of a disabled or elder adult, statute requires that Adult Protective Services conduct an investigation to determine the validity of the allegations. If it is determined that abuse, neglect or exploitation has occurred, the Adult Protective Service worker will assess the situation and recommend a course of action that will protect the individual from further abuse. State statute requires that law enforcement conduct an investigation on identified perpetrators and file criminal charges when the evidence supports that action.

The following charts illustrate a profile of the Adult Protective Services clients and perpetrators.

TYPICAL ADULT PROTECTIVE SERVICES CLIENT	
• Age: 70 – 79	22%
80 – 89	22%
• Female	62%
• Self Neglecting	46%
• Lives In Own Home	73%
• Referrals Validated	23%
• Prior Referral	42%

PERPETRATORS	
• Age: 18 – 29	27%
30 – 39	14%
40 – 49	24%
50 – 59	15%
• Relationship To Victim:	
Family Member/Relative	62%
Unrelated Non-Caregiver	24%
Paid Caregiver/Non-Relative	14%

B. Adult Day Care

Adult Day Care provided care for 23 disabled and elderly adults needing supervision, socialization, or recreation during the daytime. Adult Day Care provides a safe place for

families to place their relatives as respite or while they work. Day care is an especially important program for Alzheimer's victims and their families.

C. Adult Foster Care

Adult Foster Care provided family-based care for 15 disabled adults and elderly who are unable to live independently due to mental, emotional, and/or physical impairments. Adults are placed with families having similar interests and lifestyles. The client can pay the provider directly for room and board from their income or the Division approves the families as meeting the foster home standards and pays them a service fee to cover the cost of supervision and care.

D. Family Support Services

Family Support Services provided payments to increase the capabilities of families to care for 11 eligible Adult Protective Services clients in a family setting when no other services are available. These services are intended to maintain the individual in a family member's home and prevent premature institutionalization and may include, but are not limited to, respite care, transportation, supervision, shopping and equipment purchases.

E. Emergency Protective Payments

Emergency Protective Payments were issued to 34 eligible individuals in emergency situations to provide for essential life-sustaining needs. Payments are intended to assist the client in avoiding a situation that could lead to a protective need or premature institutionalization and include services such as emergency shelter, utilities, and clothing. When feasible, the client repays the funds received.

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August 24, 2001

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ADULT PROTECTIVE SERVICES - REGIONAL OFFICES

October 16, 2001

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